

REQUEST AND APPROVAL FOR OVERTIME							CONTROL NUMBER		
<b>PART I - REQUEST FOR APPROVAL</b>									
TO:					FROM:				
DATE AND TIME PERIODS FOR WHICH OVERTIME IS REQUESTED									
<i>IF SPACE BELOW IS INADEQUATE FOR LISTING EMPLOYEES, CONTINUE ON ADDITIONAL BLANK SHEETS OF THE FORM.</i>									
IDENTIFICATION NUMBER <small>(Payroll, Social Security, Cost, Code, etc.)</small>	NAME OF EMPLOYEE <small>(Indicate by asterisk if supervisor)</small>	GRADE	OVERTIME RATE	OVERTIME REQUESTED			OVERTIME WORKED		
				HOURS		\$ ESTIMATED COST	HOURS		\$ ACTUAL COST
				TIME COMP	FOR PAY		TIME COMP	FOR PAY	
a	b	c	d	e	f	g	h	i	j
TOTAL <small>(Including figures in continuation forms if applicable)</small>									
JUSTIFICATION <small>(Workload to be accomplished, Productivity expected, Availability of funds, Effect if not approved) (Continue on reverse side if necessary)</small>									
SIGNATURE				TITLE				DATE	
<b>PART II - REVIEW PRIOR TO APPROVING OFFICIALS ACTION</b>									
TO:					FROM:				
EVALUATION OF REQUEST AND RECOMMENDED ACTION IN ACCORDANCE WITH LOCAL PROCEDURES									
SIGNATURE				TITLE				DATE	
<b>PART III - APPROVING OFFICIALS ACTION</b>									
TO: <small>(Requester)</small>					'X' APPLICABLE BOX <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED				
SIGNATURE				TITLE				DATE	
<b>PART IV - VERIFICATION OF OVERTIME WORKED AND WORKLOAD ACCOMPLISHED</b>									
TO:					FROM:				
A. APPROVED OVERTIME WORKED HAS BEEN ENTERED IN COLUMNS H, I, AND J, PART I ABOVE. B. WORK ACCOMPLISHED AND PRODUCTIVITY ATTAINED DURING OVERTIME WORKED WAS AS FOLLOWS:									
<i>(Continue on reverse side if necessary)</i>									
SIGNATURE OF OFFICIAL COMPLETING PART I				TITLE				DATE	